

To be completed by State Office – Date Received: _____

Grant Application Signature Page
State of Kansas Department of Health and Environment

Grant Period: July 1, 2015 – June 30, 2016

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

This form, complete with signatures, is required for all grant applications to be considered complete.
Upload to Catalyst as an attachment on the Organization Summary Page.
All applications due March 16, 2015.

Applicant: (Name of Agency) Catholic Charities of Northeast Kansas

Street Address/PO Box 9720 W. 87th Street
City Overland Park Zip Code 66212


Name of Director
Kim Brabits, VP Program Operations

Primary Contact
Sara Lissauer, Grants Manager


Telephone of Primary Contact
913-433-2096

Child Care Licensing Program	
Chronic Disease Risk Reduction	
Community-Based Primary Care Clinic Grant	
Disease Intervention	
Family Planning	
Healthy Family Services	
HIV Prevention Program – Community	
HIV Prevention Program – Opt Out	
Immunization Action Plan	
Maternal & Child Health	
Pregnancy Maintenance Initiative (PMI)	X \$50,523
PREP	
Public Health Emergency Preparedness	
Ryan White	
State Formula	
Teen Pregnancy Targeted Case Management	
WIC/ICP Collaborative	
Total Funds Requested:	

Signatures:



President/Chairman Local Board of Health or Board of Directors
Date: 03/16/2015



Administrator/Director
Date: 03/16/2015